

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567638

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
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43				1		
44				1		
45			1			
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	0	↓	3	↓	0	↓
TOTAL DEP.	0	←	47	←	0	←
TOTAL CLAIMS	0		50		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53			1			
54				1		
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98						
99						
100						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	6	←	0	←
TOTAL CLAIMS	0		7		0	